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ABSTRACT

A careful analysis by Zelnik and Kanter of the Department of Population Dynamics at Johns Hopkins disclosed that abortions, unwed teenage pregnancies, venereal diseases, and sexual promiscuity have all increased dramatically in spite of a massive public and private program of contraceptive indoctrination and dissemination. This increase is attributed, in part, to the adoption by schools and planned parenthood clinics of a relativistic "values clarification" approach to values, which avoids indoctrination or "taking sides." This approach deprives parents, school, and society of the right to provide standards for sexual behavior, and leaves young people vulnerable to peer pressure alone. Accordingly, the concept of mandatory parental notification for abortion and other consequences of teenage sexuality is endorsed, and legal issues surrounding adolescents' right to privacy and parents' right to notification are reviewed and discussed. Contraceptive counselors seldom make any effort to involve parents, yet parental pressure can be an effective counterpoint to the overwhelming influence of peer pressure in reducing adolescent unwed pregnancy. There are no hard data to support the dire predictions of undesirable consequences flowing from mandatory parental notification. Given the present crisis, this approach therefore deserves implementation and evaluation. (TE)

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Primary Prevention - Ethical Issues

Dr. Eugene F. Diamond

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BIOETHICS SECTION PROGRAM
PRIMARY PREVENTION - ETHICAL ISSUES
DR. EUGENE F. DIAMOND, F.A.A.P.
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FOR the past decade, the United States has embarked on a massive public and private program of contraceptive indoctrination and dissemination. The federal phase of this program alone has been funded to the staggering extent of over 1.3 Billion dollars. (Table I) When we add Crusade for Mercy funds, foundation grants, and individual donations, it is likely that we have spent about 3 Billion dollars in pursuit of the correction of vincible contraceptive ignorance and the alleged maldistribution of contraceptive services. Whatever anyone's personal feelings about the effectiveness of such programs may be, it cannot reasonably be said that their effectiveness has been compromised by inadequate funding.

It is an unavoidable fact of life that during the decade when such funds were being appropriated, all of the goals which the public, at least, perceived to be the purpose of the programs failed of achievement. Unwed pregnancies increased both in rates and absolute numbers. Abortions increased and the percentage of abortions performed on unwed teenagers increased. Veneral diseases of all kinds increased epidemically and epidemics of herpes and hepatitis B, AIDS were added to pandemics of syphilis and gonorrhea. Sexual promiscuity, now renamed as sexual activity out of wedlock, increased exponentially. A variety of interpretations were attached to these figures. It was argued that the unfavorable statistics derived from a failure to "reach" certain segments of young people at risk. Others claimed that the mores of the society were changing so rapidly that the calamitous consequences could only reasonably be ascribed to the "sexual revolution". It was also alleged

that the programs were, in fact, counterproductive and that the provision of contraceptives to adolescent children without parental knowledge and consent was actually exacerbating the problem.

This latter notion can be supported by a careful analysis[1] of the data prepared by Zelnik and Kanter from the Department of Population Dynamics at Johns Hopkins. Zelnik and Kanter conducted surveys of the sexual and contraceptive practices of girls aged 15 to 19 years under the auspices of the National Institute of Child Health and Human Development. The first survey[2] in 1971 was incorporated into the Research Reports of the U.S. Commission on Population Growth and The American Future. A subsequent study in 1976[3] was published as a series of three articles in Family Planning Perspectives, a bi-monthly publication of the Alan Guttmacher Institute.

The tacit purpose of the Zelnik and Kanter studies was to provide a justification for the extension of family planning services as a national priority. During the period between 1971 and 1976, the number of teenagers in organized family planning programs quadrupled from 300,000 to 1,200,000.[4] If, as had been implied by planned Parenthood in their publication 11 Million Teenagers,[5] pregnancy out of wedlock was something that only happened to girls who did not have access to contraceptives, we might have expected a decline in teenage pregnancy during this period of expanding services and enrollment. The actual results are shown in Table II.

These statistics are even more surprising when we consider the apparant success of the contraceptive indoctrination programs claimed by Zelnik and Kanter as shown in Table III.

Small wonder, then, that Zelnik and Kanter express some surprise

at their own data as follows "If all other factors had remained equal, the substantial increase in premarital sexual experience among teenage women between 1971 and 1976 might have been expected to result in an increase in premarital pregnancy over the same period, however, these same young women reported a dramatic increase in overall contraceptive use, in use of the most effective methods, and in more regular use of all methods - changes which should have led to a decrease in premarital pregnancy. The lack of decline is somewhat surprising.....".[3] It should be pointed out that what is euphemistically referred to as a "lack of decline" is, in fact, an increase.

It has long been known that compliance with oral contraceptive use is poor among teenagers. Ryder[6] in 1973 said that the failure rate was 4-5 greater among teenagers than in older women. For this and other more subtle reasons, contraception has limited capacity to reduce unintended pregnancies as pointed out in Table IV, using the data of Zelnik and Kanter.

The number of abortions performed on teenagers doubled between 1971 and 1976. The total number of abortions has increased every year since 1973 with a disproportionate rise among teenagers.[7] It is likely that the expectation that contraceptive programs would decrease premarital pregnancy and abortion was an illusion. Equally illusory was the notion that increased contraceptive use, when attained, would reduce premarital pregnancy and the "need for abortion". The multi-billion dollar programs for contraceptive services have been, despite claims to the contrary, a "God that failed".

THE COPULATION EXPOLSION

The reason for the failure is that it was a rather limited and

simplistic answer to an extremely complex and mind-boggling problem. One factor that must be considered more seriously is the extent to which teenage pregnancy is really intended. The pregnancy, though intended, may become unwanted after it begins if it fulfills its purpose (confirming fertility, emancipation from parental control) or if it fails to fulfill its purpose (e.g. boyfriend fails to prove his love or loyalty by formalizing the relationship in marriage or some pseudo-contract). Unless help is offered for the crisis pregnancy or alternatives to abortion are emphasized,[8] unwanted pregnancies will frequently be aborted. Most babies who are born to unmarried women, on the other hand, are desired by their mothers. Very few of these babies are offered for adoption. They are seen by their mothers as someone to love or someone to offer love and to compensate for loneliness. Unwed mothers are characteristically alienated and isolated from their parents. Motherhood gives them a change in status and creates entitlement to income and services. Pregnancy has appeal to those who despise education, see few employment opportunities and groan under parental surveillance. The social stigma accompanying pregnancy out of wedlock has markedly diminished for mother, child and extended family in modern society. Teenage fertility has not increased. Fertility was much higher in the 15-19 age group in 1957 than in 1982, but in that era most teenage mothers were married. With the current increase in the numbers and percentages of teenage mothers who are unmarried, the notion of national crisis emerges.

Various other strategies, both enlightened and unenlightened have been suggested. Some states have instituted mandatory sex education programs without noticeably lowering illegitimacy.[9] Reducing ADC

payments, food stamp programs and federal subsidies to unwed mothers might make unwed pregnancy less tolerable but only at the expense of punishing the babies who were born out of wedlock. Making men more responsible for their illegitimate progeny would act as a deterrent but only at the risk of proliferating unstable "shotgun" marriages and promoting increased divorce rates.

ETHICAL ISSUES

The one incontrovertibly effective method of reducing unwed pregnancy is to reduce the numbers of unwed adolescents who are engaging in extramarital sexual intercourse. The conventional wisdom among social planners and medical scientists has been that such a goal is impractical and incapable of achievement. In view of the statistics which show that sexual activity increased by over 40% in a short five years,[3] it is hard to understand the pessimism about even a partial reversal of that alarming trend.

There are, in place, several forces in the society which could be expected to be instrumental in any campaign to reduce sexual activity out of wedlock. There is a very strong consensus in the society that teenage sex activity is immoral. The Connecticut Mutual Life Insurance Company has recently published the results of a major study of American Values in the 1980's. 71% of respondents called "sex before 16" immoral. Among persons of strong religious commitment it was closer to 85%. Virtually 100% of religions sharing the Judeo-Christian tradition would include in their formal agenda the teaching that such activity was immoral. Such a strong consensus has failed to be energized or to make a commensurate impact on the sexual behavior of the young. One reason for this has been the adoption by many schools and planned

parenthood clinics[10] of a Values Clarification approach to values. This method aims at avoiding indoctrination or "taking sides". Teachers attempt to help students to discover and clarify their own personal values. Whether intended or not, adolescents were given the message that parents, schools and society had no right to tell them what standards should guide sexual behavior. Whether premarital sex was right or wrong, for instance, adolescents would discover for themselves as they were helped to clarify their personal values. Values Clarification proponents claimed value neutrality while, in fact, declaring the rectitude of their own subjectivist theory of values. If all values are relative, values equate with personal preferences. Parents who recognize certain absolute values or espouse particular moral positions for their children are, in effect, disenfranchised by such systems in their role as the primary educators of their own children. Parents who uphold a position of service to God and one's neighbor are contradicted by a system which holds the highest good to be self-fulfillment and self-actualization.

Pessimism about effecting a change in lifestyles among sexually active teenagers is, likewise, unwarranted. Among teenagers classified as "sexually active",[3] 14% had had intercourse only once, half had only one partner, and almost half had not had intercourse at all during the four weeks prior to their interviews. These figures indicate that the phenomenon of "secondary virginity" is not rare among teenagers. Claims that attempt to indoctrinate the values of chastity after adolescence or after sexual experience are futile and are not supported by fact..

In a preliminary report, Klaus[11] has disclosed some success in a

small group of girls in three cities, in achieving a discontinuation of sexual activity in a program of fertility awareness. It is doubtful that any parent would accept his adolescent child as a finished product in any other non-sexual context. Do we stop proselytizing against the dangers of alcohol or smoking at puberty? Do we assume that if a child does not have a healthy attitude toward racism, anti-Semitism, or concern for the poor by age 16 that "he never will". It is more likely that we do not and should not ever capitulate in our efforts to influence our children favorably, We may shift our emphasis from sex to family loyalty to concern for aged parents but we never stop trying.

There is also strong evidence that there is a real basis for dialogue. In the largest study ever done on adolescent attitudes[12] 80% of the 160,000 adolescents in the Sample felt they could talk to their parents and wanted to talk to their parents. 60% of adolescents felt that parents listened well and cared. 67% felt that parents were respectful of their right to privacy. Against this background, the allegation that parental notification would result in risk taking by adolescents to avoid disclosure (or even corporal recrimination by parents) has a hollow ring of unfounded speculation.

LEGAL ISSUES

Prior to the Supreme Court decision on abortion in 1973,[13] parental notification and, indeed parental approval, would have been an assumed preliminary to the institution of any medical care involving an underaged minor child. It was not until 1975 that the Burger Court in its decision in the Planned Parent vs Danforth Case[14] declared that minors had a constitutional right to privacy and that it was unconstitutional to require parental permission for abortion procedures on minors. This was

subsequently refined in HL vs Mathieson to allow states to require parental notification. The Title X regulations would require only parental notification, obviously and not the prior approval of parents.

Another legal issue which has not been discussed is the fact that government supported clinics are using federal funds for young people engaged in illegal activity. Statutory rape laws in most states preclude any underage girl giving legal consent to sexual intercourse. In a substantial number of instances, the underage girl's consort will be an older man but even a minor male commits a crime when he has carnal knowledge of an underage girl. If the federally supported clinics do not aid and abet this criminal activity, they certainly conceal it and fail to report it. It is not sufficient to point out that statutory rape is a globally underreported crime since we are concerned more here with the consequences of the federal underwriting of a crime and thereby promoting contempt for the local law.

In the current method of operation of adolescent contraceptive counseling, the major operative influence on teenage sexual behavior is peer pressure. I have been Medical Director of Birthright of Chicago for the past 12 years. This organization involves a "hot line" telephone service and counseling center for women involved in crisis pregnancies. Over 50,000 women have contacted the Center since it was founded with a constantly escalating percentage of crisis pregnancies involving adolescents. From this experience, a basic pattern of involvement in sexual activity emerges in which peer pressure succeeds in an atmosphere of a failure of development of a counter current of influence toward abstinence. Schools and churches have been largely ineffective in

supporting the basic proclivity of many young people toward a lifestyle of chastity. Virtually, none of the young women pregnant out of wedlock will even allege contraceptive ignorance or contraceptive failure. Although there is much lipservice in support of parental involvement in adolescent decision making in the area of sexual activity and contraceptive use, there is virtually no evidence from the young women themselves that contraceptive counselors make any effort to involve parents. In fact, the widespread protest on the part of Planned Parenthood clinics to the Schweiker regulation clearly indicates that they believe that parental involvement will reduce adolescent participation. Operationally, this has, in the past, led to a bias against parental notification. The inclusion of parental pressure as a counterpoint to peer pressure will be a new element in the program to reduce adolescent unwed pregnancy. There are many reasons to look for new strategies in this heretofore totally unsuccessful program. There are no hard data to support the dire predictions of undesirable consequences which, it has been alleged, will flow from mandatory parental notification. Given the present crisis situation, the new dimension of parental notification deserves implementation and evaluation for its potential salutary effects.

Most studies show that it will usually be the male partner who insists on intimacy in the first place and also the male partner who will break off the relationship after intimacy has been achieved.

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FEDERAL FUNDS AVAILABLE TO ORGANIZED PROVIDER AGENCIES FOR FAMILY PLANNING SERVICES

	Title X 1/ Public Health Service Act	Title V Sodial Security Administration Act 2/	Title XIX SSA Act 4/	Title XX SS A Act 5/	Total
1972	53,1003/	34,800,000	2,820,000	8,700,000	99,420,000
1973	92,7003/	25,900,000	3,780,000	14,900,000	137,280,000
1974	94,500,000	24,400,000	6,080,000,	17,800,000	142,780,000
1975	94,500,000	19,200,000	8,080,000	26,600,000	148,220,000
1976	94,500,000	20,200,000	12,340,000	30,100,000	157,140,000
1977	107,500,000	24,100,000	13,920,000	39,100,000	184,620,000
1978	128,885,000	19,400,000	15,086,000	54,400,000	217,771,000
1979	128,885,000	20,300,000	16,551,000	60,800,000	226,536,000
1980	155,885,000	20,393,000	19,005,000	NA6/	

1/ Excludes funds appropriated for contraceptive research, training and information and education activities.
2/ Includes $18,300,000 in OEO funds.
3/ Includes $13,200,000 in OEO funds.
4/ Title XIX is by and large a program administered by the States. Hence, the definition for family planning services varies among the States and has included over the years funds expended for abortion services and other family related health services which do not meet the criteria for family planning services as established by title X, PHS Act. The figures reported therefore only reflect those reimbursements collected by Title X supported clinics. 1972-75 reflect reimbursements under IV-A.
5/ Source: Alan Guttmacher Institute.
6/ Figure not available at this time.

TABLE II

	1971	1976	CHANGE
Girls who experienced premarital pregnancy	6.4%	9.3%	+45%
Girls who engaged in premarital intercourse	26.3%	37.2%	+41%
Out of wedlock births (per 1000)	10.3	12.1	+18%
Rate of premarital pregnancy among girls who are sexually active	24.3%	25.2%	+ 4%
Premarital pregnancies ending in abortion	38.8%	50.7%	+30%

TABLE III

CONTRACEPTIVE PRACTICES

	1971	1976
Used contraceptive with every act of intercourse	19.7%	30.2%
Used contraceptive with last act of intercourse (before interview)	45.1%	64.8%
Used "effective" contraceptive (pill or IUD)	13.8%	33.3%

UNINTENDED PREGNANCIES

1. Overall (1976)	9.3%
2. Corrected (for 28% "intended" pregnancies)	6.7%
3. Among girls using some contraceptive "every time"	11.2%
4. Among girls using pill "all the time"	6.1%
5. "Young women having an abortion almost twice as likely to have been contracepting at the time pregnancy occurred even when intended pregnancies are eliminated"	

END

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